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First report of the
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FIRST REPORT

OF THE COMMITTEE ON

THE

Abuses of Medical Charities,

COMPRISING THE

ANSWERS RECEIVED FROM THE GENERAL DISPENSARIES OF
NEW YORK.

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Geo. F. Nesbitt & Co., Printers, Cor. Pearl & Pine Sts.

1878.

New York, May 6th, 1878.

TO THE STATE BOARD OF CHARITIES:

On behalf of a Committee appointed at a Meeting held December 7, 1877, at the call of the New York Members of your Board, I have the honor of presenting herewith a Special Report containing the result of the inquiries made as to the misuse of the benefits of the Medical Charities of the City.

The Committee have not been able thus far to extend their inquiries to the Special and other Dispensaries, but have limited them to the General Dispensaries, and submit their answers verbatim, with such suggestions as seem to result from them.

JOSEPH W. PATTERSON, *Chairman.*

HENRY E. PELLEW, *Secretary.*

REPORT.

The Committee appointed at the Meeting held December 7th, 1877, at the call of the Commissioners of the State Board of Charities, submit the following Report. In making it, however, it becomes necessary to recapitulate briefly the circumstances which led to that meeting. A discussion upon Medical Charities had taken place at the Saratoga Meeting of the American Social Science Association last September, and a resolution was passed to the effect, "That the officers and trustees of the medical charities be requested to consult as to the best means of preventing the abuse of their benefits by those not entitled to receive them, and the consequent loss of self-respect on the part of this class of beneficiaries.

The Commissioners of the State Board accordingly took the matter up, and at the meeting above referred to a resolution was adopted, "that whereas it appears that many persons not entitled to receive the benefits of our medical charities have been in the habit of receiving the same gratuitously, this meeting hereby pledges itself to use all its influence for the prevention of these abuses."

It was further resolved that a committee of five be appointed by the chair to consider and report upon the best means of preventing these abuses, with power to make such suggestions as they may deem best to the officers of our medical charities, and that such committee summon another meeting so soon as may appear desirable.

No time was lost in organizing and preparing a schedule of questions for submission to the various General Dispensaries, being the medical charities primarily interested in the matter.

It was thought desirable to obtain the opinion of these Institutions before applying to the Special Dispensaries and other medical charities; but the committee have only postponed, not overlooked, the desirability of consulting and obtaining an expression of opinion from the other societies which are equally interested in the abuses of medical charities.

The Dispensaries selected were the New York, Northern, Eastern, Demilt, North-Western, North-Eastern and Harlem,—which cover the whole area of Manhattan Island with the exception of the space between Sixth Avenue, East Ninety-second and One Hundred and Fourth Streets, and north of Eightieth Street, west of Eighth Avenue.

Answers have been received from all these Dispensaries with the exception of the Northern. These answers, with the questions and the covering letter which accompanied them, follow verbatim:

NEW YORK, Jan. 16, 1878.

DEAR SIRS:

At the last meeting of the American Social Science Association, held at Saratoga in September, 1877, a discussion took place upon medical charities, and the following resolution was thereupon passed:

"That the officers and trustees of the medical charities be requested to consult as to the best means of preventing the abuse of their benefits by those not entitled to receive them, and the consequent loss of self-respect on the part of this class of beneficiaries."

In consequence, the Commissioners of the State Board of Charities issued a call for a meeting of the representatives of the Dispensaries and Hospitals, and others interested in the medical charities of this city, which was held on December 7th, 1877, Professor Theodore Dwight in the chair.

A resolution was then adopted, in which, after acknowledging the abuses of the medical charities, the meeting "pledged itself to use all its influence for their prevention," and authorized the chairman to appoint a committee of five to consider and report upon the best means for checking them—"with power to make suggestions to the officers of other medical charities, and to call another meeting."

The following gentlemen were appointed upon the Committee:

JOSEPH W. PATTERSON, *Chairman*,
WILLIAM H. MACEY,
C. R. AGNEW,
EDWARD OOTHOUT,
HENRY E. PELLEW.

In carrying out their objects, the committee thus appointed have thought it essential to the success of any plan to enlist and secure in their favor the co-operation of the representatives of all the medical charities, and ask the favor of an expression of your views on the various points set forth in the series of questions hereto annexed, and also any other suggestions bearing upon the subject of medical charities in general, and, in particular upon their abuses.

Very respectfully,

HENRY E. PELLEW, *Secretary*,
9 East 35th Street.

Mr. Macey, in consequence of the pressure of engagements, having declined to serve upon the committee, Mr. John Sherwood was appointed in his place.

QUESTIONS.

1. Is it desirable that the General Dispensaries should confine their operations strictly to their respective geographical limits?

2. Is it, in your opinion, expedient, with a view to restrict the benefits of your Institution to the really necessitous poor, that inquiries should be made of each applicant, as to his or her pecuniary ability and special circumstances, at the time aid is asked for?

3. What, in your opinion, should be the minimum income of the applicants, as modified by the number in family, and other special circumstances, to deprive them of the benefit of your Institution?

4. If you are of opinion that such minimum of income should be enforced, would it not be necessary and desirable to designate some employee of your Institution to act as Registrar?

5. Would this involve much difficulty in your case? If so, please state the points of difficulty.

6. What course would you recommend for adoption with respect to those applicants who may be denied aid?

7. Is there, in your opinion, any mode, not open to abuse, by which the names and addresses of good Druggists and of Doctors residing near such applicants, and willing to treat such cases for a small fee, may be communicated to them?

8. Is it not, in your opinion, very important to require your visiting Physicians to report to your Board regularly, any want of proper sanitary arrangements in the dwellings visited by them, that such information may be formally and promptly brought to the notice of the Board of Health?

9. If, by the conditions of your Act of Incorporation, you are prevented from making any charge to applicants for relief, would it be, in your opinion, expedient to apply for any legislative change in this respect?

QUESTION I.

Is it desirable that the General Dispensaries should confine their operations strictly to their respective geographical limits?

ANSWERS: *New York Dispensary*.—We consider it desirable that the General Dispensaries should confine their operations strictly to their respective geographical limits, for the reason that the work is more systematic, economical and orderly, and more easily understood and controlled.

To the visiting physicians, who visit patients at their houses, in consequence of their inability to come to the Dispensary, it is indispensable that the geographical limits of their respective districts should be strictly defined and observed. In fact, it would be

impossible to carry out effectually the objects of the Dispensary system if the territory is not limited, as the services of the physicians would be subject to the calls of patients from all parts of the City, thus taking unnecessary time, labor and expense. Great confusion and conflicting authority and obligations between or among the Dispensaries and their employees and officers, might arise or be occasioned.

The New York Dispensary now has for its limits all that part of the City on the west side, south of Spring Street, and on the east side all south of East 14th Street, First Avenue, Allen and Pike Streets.

This large area is divided into four sub-districts, of which the limits are defined and well known, and to each of which the work of one of the district physicians is confined. These visiting physicians are paid salaries by the Dispensary, and it is not too much to say that if they were to be called into other sub-districts, much less into the districts of other Dispensaries, it would be impossible for them satisfactorily to perform their duties. The number of visiting physicians and their expenses would thus be greatly increased.

On the other side, it is difficult to perceive any advantage to the patients, the physicians or the Dispensary, to throw open the field to distant residents, so long as there are other good Dispensaries and visiting physicians who may be called upon.

In fact, if there are no limits, the aid to be furnished would be subject to the mere whims and caprices of the patients.

Again, as to the patients who call for relief at the Dispensary: while it might be harsh to refuse any relief to a poor applicant residing beyond our limits, and a thing rarely done at the New York Dispensary, as a general rule, unless some fair reason is given for coming from another district, and not calling upon the Dispensary within that district, it is practically more systematic and orderly to refer the patient to the Dispensary of his own district.

We discourage non-residents coming into our district, and we think they should call upon the Dispensary of their own localities.

We consider it moreover, *statistically* of much importance that the district system be preserved.

Eastern Dispensary.—Yes!

Demilt Dispensary.—Yes!

North-Western Dispensary.—Yes!

North-Eastern Dispensary.—We think it is most desirable that the general Dispensaries should confine their operations strictly to their respective geographical or boundary limits, both as to patients treated at their homes, and also those who are treated at the Dispensary. This Dispensary has rigidly enforced the rule, that no

patient shall be visited by our Physicians who lives out of our Dispensary district; and it discourages those who live out of our Dispensary limits from coming here for treatment, although it has not absolutely refused them, but treated them on their first application and referred them for after treatment to the Dispensary in whose district they lived. We think that it would be better if every Dispensary would refuse to treat all applicants not living within their geographical limits, whether such applicant be an in-door or an out-door patient.

QUESTION II.

Is it in your opinion expedient, with a view to restrict the benefits of your institution to the really necessitous poor, that inquiries should be made of each applicant as to his or her pecuniary ability and special circumstances at the time aid is asked for?

ANSWERS.—*New York Dispensary.*—In answer to the second question, we consider it important that an investigation of the kind suggested should always be made.

The fact that a very large number of persons perfectly able to pay for medical advice and medicines, fraudulently seek aid at the Dispensary as if they were of the class of necessitous poor, is too well established to be questioned for a moment.

This Dispensary for a long time has recognized this fact, and has attempted to correct the above by making an examination of each new and unknown applicant, to learn his or her actual means and necessities.

It is proposed now to extend this system of investigation. The inquiries suggested are put by the examining physician, who should have printed tables upon which the answers are to be entered.

The inquiries are:

1. Name and age.
2. Residence.
3. Occupation.
4. Monthly rent paid.
5. Amount of daily, weekly or monthly earnings.
6. Whether there are other means of subsistence than those earnings, and if so, what?
7. If liable for the support of others?
8. If out of employment, for how long?
9. If a woman, single, married or widow, and if having children, how many?
10. Other questions arising from the answers to the previous questions.

If the application is made for a child, the same questions as to parent, or one *in loco parentis*.

The applications of domestic servants ought generally to be discouraged.

In case of the rejection of the application, the applicant is referred to the house physician, who makes a more thorough examination, and decides the case. Where there is reasonable doubt, the application is determined in favor of the applicant.

Eastern Dispensary.—Kindly, yes; arbitrarily, no.

Demilt Dispensary.—Not always. The house physician or the attending physician ordinarily can judge from appearances. In case of doubt, inquiry should be made.

North-Western Dispensary.—Yes, as far as practicable.

North-Eastern Dispensary.—Yes. This Dispensary has been, and is decidedly opposed to treating any except the necessitous poor. The question as to the ability of an applicant to pay a small fee is left to the discretion of the doctor under whose treatment the same may come. We do not believe that any set of questions can be made to apply to all applicants. With us, the house physician excludes all applicants whom he knows to be able to pay. Besides, each physician is directed to make inquiries of and about all such patients as he may suspect as unworthy, and refuse treatment to such as he finds are able to pay. In all doubtful cases the patient is given the benefit of the doubt, and treated until an investigation can be made by the house physician and the doubt removed. In all cases the patient has the right of appeal to the house physician, and from him to the Board of Managers, should his decision be not satisfactory.

Harlem Dispensary.—Yes.

QUESTION III.

What, in your opinion, should be the minimum income of the applicants, as modified by the number in family and other special circumstances, to deprive them of the benefit of your Institution?

ANSWERS.—*New York Dispensary.*—It is difficult to learn what may properly be called income; for the class applying rarely admit anything beyond daily or weekly earnings, and we have connected this inquiry as to earnings with the inquiry, which has been found to be a good test, "What amount of rent is paid?"

Where more than ten dollars a month is paid for the rent of one person, in our opinion, Dispensary assistance ought to be refused.

This, however, ought to be modified by circumstances, as suggested in the third question submitted to us.

Eastern Dispensary.—Man and wife, \$400, yearly; increased for each child under 12 years, \$100; with discretionary power to House Physician.

Demilt Dispensary.—No practical rule can be laid down. The presumption of want should be favorably applied, but no clear imposition should be suffered.

North-Western Dispensary.—Impracticable to establish any such test.

North-Eastern Dispensary.—The question of income, we think, can hardly be made a fair test as to the ability of a patient to pay a physician, or for the exclusion of an applicant from Dispensary treatment. Most applicants have no stated income, except what an occasional day's work may bring; and with us, many of these live in shanties and pay no rents. The question of income and rents, therefore, we think cannot be made applicable.

Harlem Dispensary.—Not prepared to decide on this point.

QUESTION IV.

If you are of opinion that such minimum of income should be enforced, would it not be necessary and desirable to designate some employee of your institution to act as registrar?

ANSWERS.—*New York Dispensary.*—In the New York Dispensary inquiries are made by the janitor and employees of the Dispensary, under the instructions of the house physician, as to the condition of doubtful applicants, and especially at the places given as their residences.

To answer more explicitly the question as to the employment of a registrar, we consider an interrogation by the examining physician the most useful and the most probable to be truly answered, for the applicant naturally looks upon the "Doctor" as one in whom confidence may be reposed, and as not hostile in manner or in the nature of this inquiry.

Eastern Dispensary.—No. The house physician to have power.

Demilt Dispensary.—This seems not to be practical. The expense of another employee would be material, and ordinarily the physician and apothecary can ascertain enough to make a safe determination.

North-Western Dispensary.—Involved in No. III.

North-Eastern Dispensary.—This question needs no answer, since we do not believe that any stated income can be made a fair test of the worthiness of an applicant.

Harlem Dispensary.—Desirable, whether a minimum is fixed or not.

QUESTION V.

Would this involve much difficulty in your case? If so, please state the points of difficulty.

ANSWERS.—*New York Dispensary.*—The last answer applies to the fifth question.

Eastern Dispensary.—No.

Demilt Dispensary.—See previous answer.

North-Western Dispensary.—It would delay the operations of the institution and cause needless expense.

North-Eastern Dispensary.—It would not involve any great difficulty, as the house physician or one of his assistants could act in the capacity of registrar, as is now the case.

Harlem Dispensary.—Pecuniary: not being able to employ brains of necessary calibre.

QUESTION VI.

What course would you recommend for adoption with respect to those applicants who may be denied aid?

ANSWERS.—*New York Dispensary.*—This is a difficult and delicate question. Any rule adopted might be, so far as we can see, subject to abuse, and we can only say that the question should be left to the sound discretion of the house physician, to whom, in this Dispensary, is given the power and authority finally to reject the application.

Eastern Dispensary.—If not in your district send them to the proper Dispensary.

Demilt Dispensary.—None: The Dispensary cannot advertise physicians or apothecaries.

North-Western Dispensary.—None should be denied aid except those who are able to pay.

North-Eastern Dispensary.—We reject none except such as are able to pay for their treatment. We consider no action necessary except to deny them treatment at the Dispensary.

Harlem Dispensary.—Refer them to the nearest physician or druggist, as they may need advice or medicine.

QUESTION VII.

Is there, in your opinion, any mode not open to abuse by which the names and addresses of good druggists and of doctors, residing near such applicants, and willing to treat such cases for a small fee, may be communicated to them?

ANSWERS.—*New York Dispensary.*—See previous answer.

Eastern Dispensary.—Yes; ask their co-operation.

Demilt Dispensary.—See previous answer.

North-Western Dispensary.—There is not.

North-Eastern Dispensary.—This is left entirely to the house physician, who, if the applicant desires it, gives the names and residences of the house staff, any of whom willingly treat all such at a moderate fee.

Harlem Dispensary.—No.

QUESTION VIII.

Is it not, in your opinion, very important to require your visiting physicians to report to your Board regularly any want of proper sanitary arrangements in the dwellings visited by them, that such information may be formally and promptly brought to the notice of the Board of Health?

ANSWERS.—*New York Dispensary.*—We consider it very important that such reports be made, and for a long time such reports have been regularly made by the district physicians of the New York Dispensary to the Board of Health, and the number of such reports are also reported to this Board of Trustees in the monthly reports.

Eastern Dispensary.—Yes.

Demilt Dispensary.—Yes.

North-Western Dispensary.—Yes.

North-Eastern Dispensary.—Our visiting physicians are in the habit of reporting direct to the Board of Health. This we think the best and simplest plan.

Harlem Dispensary.—Very important; but as our physicians are not under pay, we cannot require them to do anything other than strictly the Dispensary practice.

QUESTION IX.

If by the conditions of your Act of Incorporation, you are prevented from making any charge to applicants for relief, would it be, in your opinion, expedient to apply for any legislative change in this respect?

ANSWERS.—*New York Dispensary.*—The conditions of our Act of Incorporation do not prevent our making a charge of the kind. If they did, we should not hesitate to apply to the Legislature for a change of the Act in that respect.

This inquiry involves consideration of a question which has for a long time been brought before the Board of Trustees.

It is, whether each patient should not be charged a small uniform fee of, say, ten cents for each prescription furnished, this prescription to be accompanied by a card to be presented to the apothecary.

If the patient then declares himself to be so poor as to be unable to pay the fee without distress, let some further questions, but not inquisitorial in character, be put, to test the truth of the assertion.

This charity is for the *very poor*, and if not within that category, the applicant should be charged a small fee, in order that he may not call upon us to do what he is able to do for himself, and that he may not feel that he is a mere beggar; and moreover, that he may take and use as his own, the medicines for which he has paid.

This Dispensary, for more than two years, has acted upon this plan of charging ten cents for each prescription in syphilitic cases. The result has proved satisfactory, the sum being generally paid without objection. The report of our house physician, Dr. F. R. Sturgis, shows that the number of patients who have paid during the year 1877, is 57 per cent. of the males, and 87 per cent. of the females, while in 1876 the number of males was 90 per cent., and 50 per cent. of females.

The question of charging a small sum for medicines is discussed in the annual report for 1877, which refers to and includes the report of the house physician, and the attention of your Board is respectfully called to the suggestions and statements therein made.

The charge is thus made for the medicines alone, and the advice and service of the attending physicians is therefore wholly gratuitous.

The Trustees of the New York Dispensary cannot close this communication without expressing their satisfaction that these inquiries have been made, and that the important questions involved are about to be considered and discussed, with a view to the advancement and improvement of our system of charities.

Eastern Dispensary.—No.

Demilt Dispensary.—No. The Dispensary cannot be a mixture of charity and business. The moment its benefits cost a price, the simple poor will resort to quack doctors and nostrums, and one of the great protections of the public health will be lost.

North-Western Dispensary.—No.

North-Eastern Dispensary.—Our Act of Incorporation does not prevent us from charging a small fee to applicants. This Dispensary, since May 1st, 1875, has charged each applicant (who was able to pay it), 10 cents for his ticket when admitted, which ticket entitles such applicant to treatment for one month from date of ticket. Of course he is subject to rejection, if afterwards found unworthy. This plan we have found to work well; the patients themselves even seem better pleased than when they were charged nothing.

Harlem Dispensary.—No! If the physician thinks a party is not entitled to either advice or medicine, as a charity, decline it. If it is expedient to open a Dispensary as a *speculation*, drop the charity part entirely. We have lately taken the course of questioning applicants as to their ability to pay—refusing many—giving some advice but not medicine—others, both advice and medicine.

The committee are aware that the subject of out-patient administration has been considered in London, and the recommendations of five sub-committees of medical men, published in 1870-1 contain much valuable

matter. But the difference between the systems of the two cities, is so great that but little of practical value here can be obtained from these reports.

Admission to the benefits of the Dispensaries in New York is either absolutely free, or subject only to a nominal charge—and as a rule the *visiting* physicians are paid for their services.

The principal point for the consideration of the committee appears to be—how to confine the undoubted benefits and unrivalled advantages offered by the New York Dispensaries to the persons for whom they were intended, without interfering with the recognized claims of the medical faculty, and without encouraging the feeling now prevalent among many persons that the Dispensaries are public institutions, bound to care for all who apply to them, without regard to their means or social standing.

Gratuitous Dispensary relief is sometimes less esteemed because it is gratuitous—while the taking of medicine which is freely given, degenerates too often into a readiness to accept other forms of charity, and ends by permanently weakening the spirit of independence and self-respect.

This question is the more serious as the last published reports of these seven Dispensaries show that there has been an increase of 15,342 in 1877 over the number who received aid in this form in 1876, the number of applicants being respectively 169,210 and 153,868.

The estimated population in July, 1877, was 1,033,168—and the number of tenement houses about 24,000. The question therefore naturally occurs, to use the words of the house physician of one of the largest Dispensaries, how many of these 169,210 patients properly come under the definition of Dispensary patients? In other words, are there 169,000 persons who are obliged, when overtaken by illness, to depend upon charity for this sort of medical attendance? The special and other Dispensaries not being included in this calculation.

This is not all: The number of patients at the Dispensary in charge of the Commissioners of Charities and Correction in 1877, was 97,752. In fact the number of persons receiving such aid has been estimated at from 250,000 to 300,000 in a year; and it was stated at a meeting, held April 12th, 1877, that from 30 to 35 per cent. of the whole population of New York was receiving medical advice gratuitously. In view of these figures the question naturally arises as to what constitutes the proper definition of a Dispensary patient: whether each case should be entered once only in each class, or once in the year, or on each separate occasion of attendance. Whatever be the rule adopted it should be uniform, in order to avoid confusion, the misleading of the public and the needless multiplication of Dispensaries.

The Committee have contented themselves with drawing a few conclusions from the general tendency of the answers and with offering

a few suggestions, based on the information that they have derived from other discussions on the same subject. For it may be as well to state here that the matter in hand is one which has engaged the attention of the medical profession for some time past, and it has been discussed and reported upon by Committees of the Public Health Association and other public bodies in this City.

It will be observed that there is an unanimity of opinion in the answers upon the majority of the following points:

I.—The Dispensaries all consider it desirable that their operations should be strictly confined to their respective geographical limits.

This refers to the fact that the City has been occupied by the different Dispensaries in accordance with its growth.

The N. Y. Dispensary, the earliest in date, was established in 1790. Its limits extend to 14th Street on the north, Broadway and Spring Street on the west, 1st Avenue and Allen Street on the east, the North and East Rivers completing them. Its resident population is estimated at about 180,000. The number of persons relieved in 1877 was 42,623.

The Northern Dispensary, founded in 1827, covers the space from 14th Street to West 23d Street, with a population of about 120,000, and 118,883 patients.

The Eastern Dispensary, founded in 1832, covers the district east of the N. Y. Dispensary boundaries, with a population of over 200,000. Patients in 1877, 24,436.

The Demilt Dispensary, founded in 1850, occupies a compact block between 14th and 40th Streets, east of 6th Avenue, overlapping a small portion of the "Northern" territory between Broadway and 6th Avenue. Its population numbers 120,000. Patients in 1877, 81,473.

The North-Western Dispensary, founded in 1852, covers the space between West 23d and 80th Streets, with a population of over 150,000 and 22,106 patients.

The North-Eastern Dispensary, founded 1862, covers the ground immediately to the north, from 40th to 92d Street, east of 6th Avenue, overlapping the North-Western between 5th and 6th Avenues. The population numbers about 115,000. The number of patients in 1877 was 21,438.

The boundaries of the Harlem Dispensary, (founded in 1870), run from 8th Avenue and 104th Street, to the Harlem River, and include an increasing population of 30,000 to 35,000, with 7,251 patients in 1877.

It would appear that the Dispensaries have always acted upon the geographical principle as far as possible, but it would be desirable to have the rule rigidly enforced. Their claim to the support of the public is the stronger when it is understood that each Dispensary, if properly supported, is able to care for all the sick poor within its

limits, and that there is no need for the creation of any fresh institution of the same nature.

No. 2.—With regard to making inquiries into the condition of applicants, there is a general concurrence of opinion that complete information should be obtained from each applicant, in order to see that the case properly comes under the cognizance of the Institution. Where, as in the North-Eastern, payment is obligatory, unless excused on the ground of poverty, the doctor under whose care the case comes decides as to the ability to pay.

No. 3.—On this question there is considerable divergence of opinion; some considering it impracticable to establish any test, some preferring the amount of rent as the test, others a certain amount of earnings. On the whole, the Committee are of opinion that the test of admission to the benefits of a Dispensary would be more satisfactory if based on the amount of rent or board paid, than on earnings. The objection of the North-Eastern to rent as a test, is that many of their applicants live in shanties, which, of course, are rent free.

Nos. 4 AND 5.—The opinion of the Dispensaries on these questions is nearly unanimous, that no special officer is required for registering the results of inquiries. The Committee recommend that either the House or Examining Physician be made responsible for such registration.

Nos. 6 AND 7.—The general tone of the answers is to the effect that no alternative is practicable between refusing aid altogether, on the ground of the applicant's ability to pay, or admitting to the full benefits of the Institution. *The question of payment did not arise here.* The Committee discussed at some length a plan by which certain doctors and druggists might work in connection with each Dispensary; applicants coming under certain regulations being referred to them and considered as Dispensary cases. They found, however, that they could devise no practicable plan not open to some possible abuse.

No. 8.—The practice of reporting on the unsanitary condition of houses visited, seems to be general among the Dispensaries; some of the physicians reporting direct to the Board of Health, and some through the Secretary. The Committee consider this practice to be of the greatest importance, and do not believe that this slight addition to the duties of the visiting physicians would ever be objected to by them. The Committee further recommend that the house physician report immediately the address and particulars of patients whose illness is clearly due to or arising from causes within the control of the Board of Health.

No. 9.—The last question refers to the power and desirability of making a charge to applicants for relief. On this point there is considerable difference of opinion in the answers. The Committee consider that it would be desirable for all Dispensaries to have the power

of charging, whether they exercise this power or not. With respect to the charge itself and the conditions under which it is made, they would say that the North-Eastern has introduced it within the last three years, with great advantage to itself; that at a recent Conference of the Dispensaries held at the New York Hospital, *subsequent to the written answers before mentioned*, a resolution was adopted, after full discussion, in favor of making a charge, either as an admission fee or as a charge for medicine, whenever the applicant was able to make such payment; and that within the last few days the New York Dispensary has adopted the practice of making a charge for the medicine. It seems probable that the other Dispensaries, unless prevented by their Acts of Incorporation, will adopt the same practice.

To sum up, the Committee think it well to make the following recommendations:—

1. That no necessity exists for more general Dispensaries in districts already occupied.
2. That a close attention to the rule of geographical limits is most necessary.
3. That only necessitous poor should receive treatment in the Dispensaries, and that those who can pay something, would benefit themselves as well as the institution, by being required to pay a small sum on the basis either of attendance or of medicine.
4. That in general, the means of applicants can more easily be determined by the amount of rent or board paid, than by any other method, but that care should be taken to exclude no one from the benefits of the institution through inability to pay.
5. That it is desirable to establish a uniform definition as to the value of the word, Dispensary Patient.
6. That it is desirable that the several Dispensaries should, so far as is practicable, act in harmony in respect to the subjects here discussed, and that by occasional conferences, for which provision has been made originally by most of the Dispensaries, many of the minor abuses to which medical charities are peculiarly exposed, would be most conveniently remedied.

[Signed.]

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TITLE